

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000015215

FILED

02 DEC -6 AM 11:45

1. DOCUMENT # L01000015215

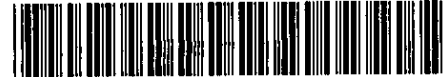
Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0004870 01 FP 0.352 **PRSR T5 0 0615 33607-171909

BENEFIT COORDINATION SPECIALIST, CO., LLC
1009 N. O'BRIEN STREET, SUITE 200
TAMPA FL 33607-1719

700009404897
12/06/02--01094--010 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address Principal Place of Business 1009 N. O'BRIEN STREET, SUITE 200 TAMPA FL 33607 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/04/2001	
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent RARDON, LARRY L 3918 N. HIGHLANDS AVE. TAMPA FL 33603		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> Date 11-19-02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	June Simpson	1009 N. O'BRIEN ST. Suite 200	Tampa, FL 33607

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *[Signature]* Date 12/2/02 Daytime Phone # 813-839-1176